

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J, G-		2/4/00
O.I.P.E. CLASSIFIER	G	45	2/20
FORMALITY REVIEW	E	64934	3/2/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/26/02
2	1/26/02
3	1/26/02
4	1/26/02
5	1/26/02
6	1/26/02
7	1/26/02
8	1/26/02
9	1/26/02
10	1/26/02
11	1/26/02
12	1/26/02
13	1/26/02
14	1/26/02
15	1/26/02
16	✓
17	✓
18	✓
19	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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